

## PROVISIONAL APPLICATION COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION under 37 CFR 1.53 (b)(2).

|  |                  |                    |   |  |         |
|--|------------------|--------------------|---|--|---------|
| Docket Number  |                  | 1770-228"US" FC/ld |   | Type a plus sign (+)<br>inside this box→ | +       |
| INVENTOR(s)/APPLICANT(s)   |                  |                    |   |  |         |
| LAST NAME  | FIRST NAME       | MIDDLE INITIAL     | RESIDENCE (CITY AND EITHER STATE OR FOREIGN COUNTRY)  |  |         |
| HERSCOVICS<br>TREMBLAY   | Annette<br>Linda | A.<br>O.           | 4837 Hutchison St., #5, Montréal, Québec, Canada H2V 4A4<br>5156 Pierre Tétreault, Montréal, Québec, Canada H1K 2Y8 |  |         |
| TITLE OF THE INVENTION (280 characters max)  |                  |                    |   |  |         |
| $\alpha$ 1,2-MANNOSIDASE AND THERAPEUTICAL USES THEREOF  |                  |                    |   |  |         |
| CORRESPONDENCE ADDRESS   |                  |                    |   |  |         |
| France Côté<br>SWABEY OGILVY RENAULT<br>1981 McGill College Avenue, Suite 1600, Montréal                                   |                  |                    |   |  |         |
| STATE  | Québec           | ZIP CODE           | H3A 2Y3   | COUNTRY                                  | Canada  |
| ENCLOSED APPLICATION PARTS (check all that apply)  |                  |                    |   |  |         |
| <input checked="" type="checkbox"/> Specification  | Number of Pages  | 17                 | <input checked="" type="checkbox"/> Small Entity Statement <i>unsigned</i>  |  |         |
| <input checked="" type="checkbox"/> Drawings   | Number of Sheets | 5                  | Other (specify)   |  |         |
| METHOD OF PAYMENT (check one)  |                  |                    |   |  |         |
| <input checked="" type="checkbox"/> A check or money order is enclosed to cover the Provisional filing fees                |                  |                    |   | PROVISIONAL<br>FILING FEE<br>AMOUNT (\$) | \$75.00 |
| <input type="checkbox"/> The Commissioner is hereby authorized to charge<br>filing fees and credit Deposit Account Number. | 19-5113          |                    |   |  |         |

The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.

☒ No

☐ Yes, the name of the U.S. Government agency and the Government contract number are: \_\_\_\_\_

Respectfully submitted,

SIGNATURE \_\_\_\_\_

Date 06/28/99

TYPED or PRINTED NAME France Côté

REGISTRATION NO.  
(if appropriate)

37,037

☐ Additional inventors are being named on separately numbered sheets attached hereto.

## PROVISIONAL APPLICATION FILING ONLY

Burden Hour Statement This form is estimated to take 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Assistance Quality and Enhancement Division, Patent and Trademark Office, Washington, DC 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget (Project 0651-0037), Washington, DC 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.